

“ROLE OF AYURVEDIC MANAGEMENT OF AAMVATA W.S.R. RHEUMATOID ARTHRITIS - A CASE STUDY”

Dr. Lekha Ashok Wayal^{*1}, Dr. S. K. Jaiswal², Dr. S. B. Jamdhade³, Dr. Pradnya Jamdhade⁴

^{*1}PG Scholar, ²Professor & Guide, ³Professor & HOD, ⁴Assistant Professor,

¹Department of Kaychikitsa, D. M. M. Ayurved Mahavidyalaya, Yavatmal.

^{2,3}Dept. of Kaychikitsa, D. M. M. Ayurved Mahavidyalaya, Yavatmal.

⁴Dept. of Dravyaguna, D. M. M. Ayurved Mahavidyalaya, Yavatmal.

Article Received on 05 Jan. 2026,
Article Revised on 25 Jan. 2026,
Article Published on 01 Feb. 2026,

<https://doi.org/10.5281/zenodo.18479798>

*Corresponding Author

Dr. Lekha Ashok Wayal

PG Scholar, Department of
Kaychikitsa, D. M. M. Ayurved
Mahavidyalaya, Yavatmal.



How to cite this Article: Dr. Lekha Ashok Wayal^{*1}, Dr. S. K. Jaiswal², Dr. S. B. Jamdhade³, Dr. Pradnya Jamdhade⁴. (2026). “Role of Ayurvedic Management of Aamvata W.S.R. Rheumatoid Arthritis - A Case Study”. World Journal of Pharmaceutical Research, 15(3), 1460–1469.

This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Background: Due to modern lifestyle, unhealthy dietary habits, stress, and sedentary routines, the incidence of *Ama*-related disorders is increasing. *Amavata*, first described by *Madhavakara*, is a disease caused by the vitiation of *Vata Dosha* along with the accumulation of *Ama* in the joints and closely resembles Rheumatoid Arthritis (RA) in modern medicine. Contemporary management mainly provides symptomatic relief with potential adverse effects, highlighting the need for safer and effective alternatives. **Aim:** To evaluate the efficacy of *Ayurvedic* management in a diagnosed case of *Amavata*. **Materials and Methods:** A single case study of a 32-year-old female patient presenting with joint pain, swelling, morning stiffness, restricted movements, weakness, and *Agnimandya*. Diagnosis was based on classical *Ayurvedic* features and modern investigations. The treatment protocol included *Bahya Chikitsa* (*Valukapottali Sweda*, *Dashanga Lepa*), *Panchakarma* (*Vaitaran*), and *Shamana Chikitsa* using

formulations such as *Singhnad Guggulu*, *Punarnava Guggulu*, *Vatavidhvansa Rasa*, *Arogyavardhini Vati*, *Amavatari Rasa*, *herbal churnas*, *Guduchi Kwatha*, and *Swadishta Virechana Churna*. **Results:** Significant improvement was observed in pain, swelling, stiffness, mobility, appetite, and general well-being, with reduction in inflammatory markers.

Conclusion: *Ayurvedic* management based on *Yogaratanakara* principles of *Langhana*, *Ruksha Sweda*, *Deepana-Pachana*, *Virechana*, and *Basti* proved effective in breaking the *Samprapti* of *Amavata* and can be considered a beneficial approach in its management.

KEYWORDS: *Amavata*, Rheumatoid Arthritis, *Ama*, *Vata Dosha*, Autoimmune Disease, Joint Disorders, Chronic Inflammation.

INTRODUCTION

The present time due to modern life style, unhealthy eating habits, hectic schedule and stress, incidence of *Ama* related diseases is increasing. One of the most common diseases is *Amavata*. In *Ayurveda*, *Madhavkara* (700A.D.) first mentioned *Aamvata* as a separate disease.^[1] *Amavata* is a disease in which vitiation of *Vata Dosha* and accumulation of *Ama* take place in joints, which stimulate rheumatoid arthritis (RA) in modern parlance.^[2] *Ama* is a maldigested product, which is not homogeneous for the body. Whenever that *Ama* gets localized in the body tissue or joints, it can lead to production of pain, stiffness, swelling, tenderness, etc. in the related joints.^[3] The features of *Amavata* are much identical to RA, an autoimmune disorder which is a chronic joint disease-causing inflammation. It is symmetrical, destructive and affects small and large joints.^[4] even in modern medical science with extreme advancement in diagnostic approach, only symptomatic relief and no permanent cure is given.

The worldwide prevalence of the disease is approximately 0.8% of the population.^[5] The disease most often begins between the ages of 30 and 50, but recent observational studies indicate that the disease can begin in any age group.^[6] Till today in modern science, there is no effective medicine for this disease. All that modern medicine used DMARD, steroids and NSAID frequently which have negative impact on immune system and give only temporary relief. Hence the management of this disease is merely insufficient in other systems of medicine and patients are continuously looking with a hope towards *Ayurveda* to overcome this challenge.^[7]

MATERIAL AND METHOD

Method -Single Case Study

Material-*Ayurved* literature and *samhita*.

AIM AND OBJECTIVE

To evaluate efficacy *Ayurvedic* Drugs in the management of a case of *Aamvata*.

Place - PG Department of *Kayachikitsa* *Laxmanrao Kalaspurkar Ayurvedic* College Yavatmal, affiliated with *D.M.M Ayurved* college Yavatmal.

A case report: A 32-year female patient came to OPD of *kayachikitsa* department with chief complaints of

1. *Sarvangsandhishool* and *shotha* (Pain over joints) for 4 month
2. *Sandhi kriyaalpata* (Restricted movement) for 2 months
3. *Dvaya pada shul* and *shotha* (leg pain and swelling over joint)
4. *Daurbalya* (Weakness) for 2 months
5. Morning stiffness for 1 month
6. *Agnimandya* for 1 month

History of present illness - Patient had a complaint of *sandhishool* in the past 4 month gradually several joints got involved and severity of pain and swelling around joints increased day by day, She had taken analgesics but with those drugs she got temporary relief. So, she comes to *Kayachikitsa O.P.D.* of *L.K. Ayurvedic* hospital for further treatment.

Past History – H/O fall from bike 5 months ago

N/H/O- DM, Asthma, HTN, Thyroid or any major illness.

Family History - No any family history related to patient's illness.

Rugna Parikshan**Ashtavidha Parikshan**

Nadi-90/Min

Mala-*Samyak*

Mutra - *Samyak*

Jivha-*Saam*

Shabda- *Spashta*

Sparsh -*Samshitoshna*

Druka- *Raktashwetabha*

Aakruti-*Madhyam*

General Examination

B.P-100/60 mmHg

Pulse -90/Min

Temp -Afebrile

RR-18/min

Koshtha-Krura

Agni-Mandagni

Local examination

Swelling present on ankle joint of right leg.

Tenderness presents on ankle joint of right leg and shoulder joint of left hand

Samprapti Ghataka

Dosha-Tridosh-Vata dominant

Dushya-Rasa, Rakta, Asthi

Srotas- Rasavaha, Asthivaha

Srotodushti - Sanga

Adhishthan- Sarvasandhi

Vyadhimarg-Madhyam

Here, *Amavata* (Rheumatoid arthritis) was diagnosed on the basis of symptoms described in the classics.

Systemic Examination

CVS- S₁ S₂ Sounds audible, No murmur sound.

CNS- Conscious and Oriented.

RS-Clear

P/A- Soft/No tenderness

Investigation

Hb-10.3gm%, WBC-10,820/Cumm, Plt-2.65lakh/Cumm

ESR-45mm/1hr, RBC-3.78mil/cumm, BSL-104mg/dl

Sr. Uric acid-7.24mg/dl

RA-POSITIVE (Titre 303 IU/ml)

CRP- POSITIVE (Titre 66 mg/L)

ASO-NEGATIVE (Titre 200)

Urine Routine and Microscopic

Appearance – Hazy; Colour -Dark yellow; Pus cell-10-12 pus/ H.P.F

Epithelial cell – plenty of epithelial cell

Albumin- +++

Sugar –Absent

Kalaspurkar Rugnalaya
Computerised Pathology Laboratory
Affiliated to: Dayabhai Maoji Majithiya Ayurved Mahavidyalaya
Shivaji Nagar, Am Road, Yavatmal 445 001 (MH) Mo: 9420353971

Name: :- Swati Wankhade Age :- 32
Cr.No :- 17450/504729 Sex :- F
Ref By Dr. :- Dr.S. Jamdhade Sir. MD. (Ayu.) Date :- 25/04/2025

HAEMATOLOGY REPORT
(COMPUTERISED SEMI-AUTOANALYSER - TUS-2P)

INVESTIGATION	VALUES IN PATIENT	NORMAL VALUES
Hemoglobin	10.3 gm %	Male : 13 – 18 gm % Female: 11.5 – 16.5 gm %
Total Leukocyte Count	10,830 / cu.mm	4,000 to 11,000 / cu.mm
DIFFERENTIAL		
Polymorph	73 %	40 – 75 %
Lymphocyte	21 %	20 – 45 %
Eosinophil	03 %	01 – 06 %
Monocyte	03 %	01 – 08 %
Basophil	00 %	00 – 01 %
Platelet Count	2.66 lack/ cu.mm	1.40 to 4.40 lack/cu.mm
E.S.R. By Wintrobe	45 mm / 1 Hr.	Female : 0 – 20 mm / Hr. Male : 0 -9 mm / 1 Hr.

BIOCHEMISTRY REPORT
(COMPUTERISED SEMI-AUTOANALYSER - TUS-2P)

INVESTIGATION	VALUES IN PATIENT	NORMAL VALUES
Blood Sugar ®	104.0 mg/dl	Up to 160 mg/dl
Sr. Uric Acid	7.24 mg/dl	Male - 3.4-7.0 mg/dl Female - 2.5 - 6.0 mg/dl

URINE EXAMINATION

PHYSICAL	MICROSCOPIC
Appearance : Hazy	Pus cells : 10 - 12 Pus / H.P.F
Colour : Dark Yellow	Red blood cells : Absent / H.P.F
	Epithelial cells : Plenty Of / H.P.F
	Cells
	Casts : Nil
	Crystals : Nil
CHEMICAL	Others : NAD
Albumin : +++	
Sugar : Absent	

• Please Correlate Clinically. Not for medico-legal purpose •

Kalaspurkar Rugnalaya
Computerised Pathology Laboratory
Affiliated to: Dayabhai Maoji Majithiya Ayurved Mahavidyalaya
Shivaji Nagar, Am Road, Yavatmal 445 001 (MH) Mo: 9420353971

Name: :- Swati Wankhade Age :- 32
Cr.No :- 17450/504729 Sex :- F
Ref By Dr. :- Dr.S. Jamdhade Sir. MD. (Ayu.) Date :- 25/04/2025

BIOCHEMISTRY REPORT
(COMPUTERISED FULLY-AUTOANALYSER - MINORAY)

RA FACTOR (RHEUMATOID ARTHRITIS FACTOR) Quantitative

INVESTIGATION	VALUES IN PATIENT	NORMAL VALUES
RA FACTOR	Positive	More Than 20 IU/ml is Positive
Title	303 IU/ml	

Method :- Turbidimetry

BIOCHEMISTRY REPORT
(COMPUTERISED FULLY-AUTOANALYSER - MINORAY)

C - REACTIVE PROTEIN(Quantitative)

INVESTIGATION	VALUES IN PATIENT	NORMAL VALUES
CRP	Positive	Up to 6 mg/L is Negative
Title	61.6 mg/L	

Method :- Turbidimetry

ASO Test

OBSERVED IN PATIENT :- NEGATIVE (Titer :- 200)
Normal Value :- Negative - 200 IU/ml
Positive - 400 - 6400 IU/ml

• Please Correlate Clinically. Not for medico-legal purpose •



Treatment

- Bahya chikitsa**

Swedana- Valukapottali sweda for 8 days

Lepa- Dashang lepa for 1 Month

Abhyantar Chikitsa

Name Of Drug	Dose	Duration	Anupana
<i>Sinhnaad Guggul</i>	500mg <i>Vyanodane</i>	15 Days	<i>Koshnajala</i>
<i>Punarnava Guggul</i>	500mg <i>Vyanodane</i>	15 Days	<i>Koshnajala</i>
<i>Vatavidhvasa Rasa</i>	250mg <i>Vyanodane</i>	15 Days	<i>Koshnajala</i>
<i>Aarogyavardhini Vati</i>	250mg <i>Vyanodane</i>	15 Days	<i>Koshnajala</i>
<i>Amavatari Rasa</i>	250mg <i>Vyanodane</i>	15 Days	<i>Koshnajala</i>
<i>Dashmool, Rasna, Guduchi, Punarnava churna</i>	1gm each <i>Vyanodane</i>	15 Days	<i>Koshnajala</i>
<i>Guduchi bharad kwath</i>	30ml <i>Vyanodane</i>	15 Days	
<i>Swadishta virechan churna</i>	3gm <i>Nishakale</i>	15 Days	<i>Koshnajala</i>

- Vaitaran Basti* for 6 days

DISCUSSION

“लंघने स्वेदनं तिक्तदीपनानि कटूचि च। विरेचनं स्नेहपानं बस्त्यश्चाममारुते।।

रूक्षः स्वेदो विधातव्यो वालुकापोटलैस्तथा। उपनाहाश्च कर्तव्यास्तेऽपि स्नेहविवर्जिता ।।^[8]

- योगरत्नाकर

The cited *shloka* from *Yogratnakara* clearly describes a stage-wise therapeutic approach in the management of *Amavata*, emphasizing the importance of assessing the presence of *Ama* before initiating treatment. The initial line highlights *Langhana*, *Swedana*, *Tikta–Dipana dravyas*, and *Katu rasa* as the primary modalities. *Langhana* helps in reducing *Ama* load and restoring *Agni*, while *Tikta* and *Katu dravyas* possess *Amapachaka*, *Dipana*, and *Kapha-Vatahara* properties, thereby addressing the root pathology.

The *shloka* further advises *Virechana*, *Snehapana*, and *Basti* only after the stage of *Nirama Vata* is achieved. This indicates *Yogratnakara*'s clinical wisdom in avoiding oleation and purification therapies during the *Ama* stage, as premature *Snehana* may aggravate *Shotha* and *Vedana*.

Special emphasis is laid on *Ruksha Swedana*, particularly *Valuka Potali Sweda*, which is ideal in *Amavata* due to its ability to reduce *Sandhi Shotha* and *Stambha* without increasing *Ama*. Similarly, *Upanaha* is recommended in a *Nir-sneha* form, reinforcing the principle that all external therapies during the *Ama* stage should be non-unctuous.

Thus, this *Yogratnakara* reference establishes a logical, *Agni*-centered, and pathology-oriented treatment protocol, highlighting the importance of *Ama avastha pariksha* in *Amavata Chikitsa*. This approach remains highly relevant in contemporary clinical practice.

Shaman chikitsa

After *panchkarma chikitsa shaman* drug should be administered. They can be given as single drug or compound drug. The action of drugs used in this treatment are *vaathar* and *vaatanulomak* and *aam pachaka*.

Sinhnaad Guggul^[9] It mainly works over joint pains, swelling, stiffness and inflammation associated with rheumatoid arthritis. Powered with castor oil which acts antirheumatic, antitoxin, antimicrobial, laxative. *Guggul* works *Deepana* (enhances stomach fire), *Pachana* (helps in digestion), *Amahara* (treats indigestion).

Punarnava Guggul - *Punarnava guggul* helps reduce the inflammation occurred due to *Vata Dosha* and also useful to promote strength of bones and joints. It acts as an excellent anti-inflammatory, analgesic medicine and Anti-arthritis formulation which serves as a remedy for severe rheumatoid arthritis.

Vatavidhvansa Rasa – It contains drugs that can stimulate or reduce the action of immune system molecules in the body. So, it works for the treatment of autoimmune disease like Rheumatoid Arthritis.

Aarogyavardhani Vati – It contains *Abhrak Bhasma*, *Tamra Bhasma*, *Lohabhasma*, *Kutki* which is *pachaka*, *bhedaka* reducing *Ama*, which ultimately works form *samprapti bhanga*.

Aamvatari Rasa-*Amavatari Rasa* balance *Vata*, *Pitta* and *Kapha*. It helps in decreasing pain, swelling and stiffness in joints. It reduces the symptoms of *Aamavata*.

Guduchi bharad kwatha-It works as a potent immunomodulator, this traditional herb holds high significance in the treatment and management of feverishness in *Aamavata* and diminished immunity.

Swadishta virechana churna- *Swadishta virechana churna* used as *vaatanulomak* and balance *vata*.

Valuka Pottali Sweda^[10] – *Valuka Pottali Sweda* is indicated in *Amavata* during the *sama avastha* due to its *ruksha* and *ushna gunas*. It helps in reducing *Ama*, *Kapha*, *sandhi shotha*, *stambha*, and *vedana* without increasing *kleda*. *Yogratnakara* advises it over *snigdha swedana* to prevent aggravation of *Ama*. Thus, it provides safe symptomatic relief and supports stage-wise management of *Amavata*.

Vaitarana Basti^[11]

This enema is known for its effectiveness in treating *Amavata* due to the properties of its ingredients, which help to balance *Vata* and reduce *Ama*. Majority of drugs given have *Deepan*, *Ama-Pachan*, *Shothaghna*, *Shoolghna*, *Jwaraghna*, *Balya* and *Amavatahara* properties. It enhances the *Agni-Bala* reduces the *Ama* and prevents the further *Ama* formation into the body.

This reduces the clinical manifestations of *Amavata* and helps in breaking the *Samprapti* of *Amavata*.

CONCLUSION

Amavata is a chronic disorder resulting from the association of *Ama* and vitiated *Vata*, leading to joint and systemic manifestations. Classical Ayurvedic texts, especially *Yogratnakara*, emphasize a stage-wise and Agni-centered treatment approach. Therapies such as *Langhana*, *Dipana–Pachana*, *Ruksha Swedana* (*Valuka Pottali Sweda*) and *Vaitarana Basti* effectively address the *sama* stage of the disease. Proper assessment of *Ama avastha* is crucial before initiating *snehana* or *shodhana* therapies. Adherence to *Pathya–Apathya* plays a key role in preventing recurrence. Thus, *Ayurvedic* management offers a rational and holistic approach in the effective management of *Amavata*.

REFERENCES

1. Website: www.jaims.in Published by Maharshi Charaka Ayurveda Organization, Vijayapur, Karnataka (Regd) under the license CC-by-NC-SA Website
2. Tripathi B, editor. Madhav Nidana of Madhavkar. Reprint Ed. Ch. 25, Ver. 1-5. Vol. 1. Varanasi: Chaukhabha Sanskrit Sanshtan; 2006; 571. [Google Scholar]
3. Tripathi B, editor. Madhav Nidana of Madhavkar. Reprint ed. Ch. 25, Ver. 6. Vol. 1. Varanasi: Chaukhabha Sanskrit Sanshtan; 2006; 572. [Google Scholar]
4. Boon NA, Colledge NR, Walker BR, Hunter JA. Davidson's Principles and Practice of Medicine. 20th ed. Ch. 25. Edinburgh: Churchill Livingstone-Elsevier; 2006; Musculoskeletal disorders; pp. 1101-4. [Google Scholar] Institute of Post Graduate Teaching & Research ...
5. Malaviya A. Rheumatology sec. no.24, In: Munjal Y.P, Sharma S. Agarwal A, editors, API textbook of medicine, 9th edition, Mumbai, The Association of Physicians of India, 2012.
6. Davidson S, Diseases of connective tissues, Joints and bone Chapter 12 In: Haslett Christopher, Chilvers Edwin, Hunter John, Boon N. editors. Principles and practis of medicine, 18th edition, UK, Harcourt Publishers limited, 2000.
7. A CONCEPTUAL STUDY OF AMAVATA, August 2017 World Journal of Pharmaceutical Research, DOI:10.20959/wjpr20178-8968, Authors: Gauridutt Mishra, Darshna H Pandya

8. Yogaratnakara. Aamvata Chikitsa Prakarana. In: Tripathi I, editor. Yogaratnakara with Vidyotini Hindi Commentary. 8th ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2011; 564–568.
9. Tripathi B, editor. Yogaratnakara with Vidyotini Hindi Commentary. Vatavyadhi Nidana–Chikitsa Adhyaya. Varanasi: Chaukhambha Sanskrit Sansthan; 2013.
10. Yogratnakara. Yogratanakara with Vidyotini Hindi Commentary. Edited by Shastri L. Varanasi: Chaukhambha Sanskrit Sansthan; Reprint edition. Amavata Chikitsa Prakarana.
11. Shastri L, editor. Yogaratnakara with Vidyotini Hindi commentary. Amavata Chikitsa Prakarana. Varanasi: Chaukhambha Prakashan; 2007; 431–434.